

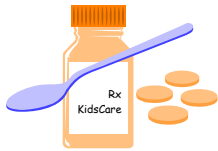
# ARIZONA'S HEALTH INSURANCE FOR YOUR CHILDREN Appendix B-9

KidsCare is Arizona's quality health care coverage for uninsured children **under 19**.

## Services Provided by KidsCare



Hospital Services



Prescriptions



Doctor Visits



Dental



Vision



Healthy Kid

To see if your children may qualify, please answer the questions below:

- Yes ☐ No ☐ 1. **Do any children in your household need health insurance?**  
Check *No* if all your children already have health coverage (Private health insurance, AHCCCS, KidsCare or other)
- Yes ☐ No ☐ 2. **Are any of the children who need health insurance U. S. citizens or legal immigrants?**  
(KidsCare does not report any information to the IRS. If a child receiving KidsCare does not affect immigration status of the children or the parents.)
- Yes ☐ No ☐ 3. **Is your total family income before taxes under the KidsCare income limits in the box below?**  
(Income = Wages, self-employment, child support, Social Security and any other money received by parents and children.)

If you answered YES to questions 1, 2, 3 you may not be eligible for KidsCare. There is no interview required. **To request an application to complete the box below and return this form to the cafeteria manager or school nurse** who will forward it to KidsCare.)

KidsCare Income Limits

Effective 4/1/05

Family Size	Each child who lives with you (s) and/or step-parent(s) living in the home, if pregnant count each unborn child.						Each added person
	1	2	3	4	5	6	
Monthly Income	\$1,595	\$2,139	\$2,682	\$3,225	\$3,768	\$4,312	+ \$543.33
Hourly Rate at 40 hours per week	\$9.27	\$12.43	\$15.59	\$18.75	\$21.91	\$25.06	

Total family income includes all household members.

**Updated forms can be found on the ADE website:**  
[www.ade.az.gov/health-safety/cnp/nsip/](http://www.ade.az.gov/health-safety/cnp/nsip/)

**PLEASE PRINT CLEARLY AND COMPLETE ONLY ONE FORM PER FAMILY.**

Parent's/Guardian's Name #1		Parent's/Guradian's Name #2	
Address		City	Zip
Home Phone #		Work Phone #	
Child's Name #1	Birthdate	Child's Name#3	Birthdate
Child's Name#2	Birthdate	Child's Name#4	Birthdate

**Thank you for completing this form, please return to the cafeteria manager or school nurse.**

For More Information call  
 (602) 417-5437 from area codes  
 480, 602 and 623 from the rest of  
 Arizona call toll-free (877) 764-5437  
[www.kidscare.state.az.us](http://www.kidscare.state.az.us)



Cafeteria manager or school nurse  
 Please mail to: KidsCare, MD 500  
 920 E. Madison  
 Phoenix, AZ 85034

003050  
 SNP Project